Fort Wayne Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3/19/2014	Address:	1107 Wilt St
Case #:	14ISPC2311		Fort Wayne, IN 46802
County:	Allen		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open a	nir, etc) (check all that ap	oply)
 ☐ One Pot or Birch Reaction(s):		Corrosive Acid: back yard	
		Corrosive Base: back yard	
		Other (item and location):	
Child unde	er age 18 discovered (check appropria	nte)	
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often Shared HVAC: ☐ Yes ☒ No ☐ Unknown		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:	
Vehicle Inf	<u>formation</u>		
Owner: VIN: Year:	_	Make: Model: Color:	<u></u>
This repor	t has been faxed* to the following	agencies that serve th	e location:
Fort Wayne Fire Department Fort Wayne/Allen County Health Department Department of Child Services Fort Wayne Neighborhood Code Enforcement		Fax: (260) 427-1277 Fax: (260) 427-1391 Fax: (317) 234-7596 Fax: (260) 427-1409	
	information regarding this methamp ng Officer: Det. R. Kirby FW 1419	hetamine laboratory, c Phone (260) 427-12	

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.